

BRASS MUNKIE



Merry Christmas

XMAS SPECIAL 2017

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WELCOME READERS!



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WE NEED YOU!

JOIN OUR OUTREACH TEAM!

Call us on 01 873 3799

Email us maria@myuisce.org

or drop in for a cuppa anytime to
70 Eccles Street D7!

CHRISTMAS AT MQI



MQI will be hosting its' annual Christmas dinner and party for you in the Night Café on Sunday 17th December.

Serving starts at 10am and the kitchen will stay in full swing until we close at 1pm.

This year, we're really lucky as we have a number of staff who are musically gifted (but you can be the judge!) and will be rocking out providing entertainment on the day. We also have a load of staff volunteer their time to make sure we serve as many Christmas dinners as we can on the day – make sure you give them a smile!

We are so proud that every year more 300+ people come to the Christmas Dinner.

We know that it can be difficult to find people to look after kids.... so children are also welcome - and of course we'll have Santa Claus from 10am!

Christmas can be a hard time for all of us and to help make the day a positive experience, the good people at Bord Gáis arrive and hand out gifts to everyone who comes through the door. There's

nothing like a good pressie to lift your spirit and put you in the mood for some fun!

Dave Kinsella is a name you don't know but is arguably the most important person on the day! He has headed up the kitchen since it opened in Merchants Quay, and without fail has dished out a traditional Christmas dinner every year.

Dave said: "My day starts around 6am, to start prep for the Christmas dinner, I put the turkey and ham on and get the ball rolling. We cater for around 260-300 people - I'd have about five staff; myself and one person in the kitchen, another on cleaning, and another person will serve food. We might have more depending on volunteers, who are a great help.



Dave Kinsella at MQI

It's a hectic day, but once we're organised it runs like a smooth machine. I've done the Christmas dinner at MQI ever since we opened up the Riverbank Open Access Centre on Merchants Quay, going on to my sixth year now. Everyone that come to us are great, they're really appreciative, and it's great to see them get a traditional Christmas dinner. It's a lot of work on the day, but it's worth it in the end."

WHAT: CHRISTMAS DINNER WITH MUSIC AND SANTA

WHEN: SUNDAY 17TH DECEMBER @ 10AM

WHERE: MQI RIVERBANK

ALL WELCOME (INCLUDING KIDS!)



Looking for something to do on Christmas Morning?

MQI will be dishing up a full Irish breakfast, Christmas cheer, and maybe even a surprise!

31 AUGUST

—

INTERNATIONAL
OVERDOSE
AWARENESS DAY

SOMEONE'S
BEST FRIEND

TIME TO
REMEMBER.
TIME TO ACT.

What is Fentanyl?

Fentanyl is an opioid that is many times stronger than heroin. These three steps can help to prevent an overdose:

1

Use
with
someone
else.



2

Prepare a
small taster
if injecting,
smoking or
snorting
drugs.



3

Wait as
long as
possible
between
hits.



Fentanyl has recently been found cut with cocaine and with heroin. Smoking fentanyl has been linked with overdose deaths in Ireland.

For more information on overdose prevention please contact the Ana Liffey on Freephone 1800 78 68 28.

For more information on drug and alcohol services in your area, go to drugs.ie/services



FENTANYL



overdose and several deaths connected to the drug since August 2016 in several of the United States.

SO WHAT'S HAPPENING

It has been reported around the world that drugs have been cut with fentanyl. This is really dangerous because of the high risk of overdose.

On 28th July 2016 the HSE released an alert which said;

"Arising from a number of drug related deaths in Dublin and Cork in recent weeks, the HSE is issuing an alert in relation to the dangers of a class of Opiate drugs known as Fentanyls. While fentanyl is a narcotic analgesic and used in both anaesthetics and for analgesia, a number of non pharmaceutical Fentanyls have been implicated in deaths where it has been assumed to be Heroin (or in some cases possibly other drugs). Fentanyl can be up to 600 times more potent than Morphine and may be sold as 'designer' fentanyl or 'synthetic' heroin. Therefore even experienced heroin users are at risk if they take this drug.

At this time it seems most likely that Fentanyls may be sold in powder form possibly mixed with Heroin or alternatively mixed with Caffeine and Paracetamol to mimic the effect of Heroin. Therefore the drug can be snorted, swallowed or prepared for injection. By any route this drug is very dangerous.

Fentanyl is a powerful drug however there has only been a very small amount.

Remember to always use with a friend, have a taste and have naloxone with you.

Time-release formulations for fentanyl provide strong pain relief over time. They come in two forms—a lollipop and a patch. Fentanyl also comes as a small piece of film that can be dissolved under the tongue and a pill meant to be lodged inside the cheek. In hospital settings, fentanyl can be injected. Using fentanyl when it's not prescribed is very dangerous. According to the HSE it is up to 600 times more potent than morphine.

The difference between a therapeutic dose and a deadly dose is very small.

Fentanyl very quickly creates a tolerance to high doses, so a dose that is adequate for the intended

high one week will probably not create that intended high even a few days later.

CARFENTANIL

Is the other drug we are hearing a lot about in the news. It is 10,000 times more potent than morphine, making it one of the most potent commercially used opioids. It is meant to be used on large animals which is why you will hear it called an "elephant tranquiliser".

Wikipedia says that carfentanil is so potent it "has aroused concerns over its potential use as a weapon of mass destruction by rogue nations and terrorist groups."



A November 2016 article in Time, "Heroin Is Being Laced With a Terrifying New Substance: What to Know About Carfentanil", reports over 300 cases of carfentanil

Fentanyls are extremely potent and even the smallest amount of the substance can cause overdose and death. Fentanyl may also

be absorbed through the skin. The effects of the drug may be indistinguishable from Heroin meaning that at this time Heroin

Never use on your own. Make sure there is someone with you that has Naloxone on them!

Naloxone and have received training to recognise an opioid overdose, can demonstrate basic life support and know how to administer it then here is what the law says;

‘There should be no exclusions from administering naloxone where the risk of opioid overdose is suspected as failure to administer naloxone may result in the death of an individual. Legislation is in place which allows intervention in an emergency situation, Civil Law (Miscellaneous Provisions) Act 2011, SI 449



users are most at risk to unwittingly consume this substance”.

Around the world in America, Australia, Canada and around Europe warnings have also been issued.

HOW DO YOU STAY SAFE?

Fentanyl is an opioid which means if a person overdoses Naloxone can be used to resuscitate them.

Ask your service provider to train you in how to access and use Naloxone: Merchants Quay, Ana Liffey Drug Project, HSE Addiction Services, Homeless services. The training takes less than half an hour.

When you are with your GP or prescriber – ask for Naloxone. Better yet – ask for two and give one to someone you are likely to be with when you’re using. Someone at home or a mate.

NALOXONE FAQ

WHAT IS NALOXONE?

Naloxone is an antidote used to reverse the effects of opioid drugs like heroin, morphine and methadone if someone overdoses. Naloxone is not a cure but can help to keep a person alive until an ambulance arrives.

WHERE CAN I GET NALOXONE?

Naloxone is a prescription medication. This means it needs to be prescribed by a Doctor. Naloxone will be prescribed to a person who is at risk of overdosing on opioids. If you are prescribed Naloxone, ask your Doctor for more than one and give it to a friend or family member who will be around when you are using.

HOW CAN I LEARN HOW TO USE NALOXONE

If you are engaged with any support programs, ask your key worker. You can also ask your Doctor or go to drugs.ie/naloxone for more links and information.

CAN I USE NALOXONE THAT HAS BEEN PRESCRIBED FOR ME ON SOMEONE ELSE?

What you do with your medication is your responsibility. If you have

NALOXONE AND IT'S EXPIRY DATE

If your Naloxone has expired take it back to where you got it and ask for a new one.

CAN I USE NALOXONE IF IT HAS EXPIRED?

If it is the only thing you have, use it. Naloxone will start to lose its effectiveness when it's out of date. However, it may be strong enough to reverse an overdose if that is the only kit that is available. It cannot hurt, so use it and continue to perform rescue breathing and call for help and ambulance.

WILL WE EVER HAVE NASAL NALOXONE?

Yes, we are awaiting authorisation on the European market and it is much more expensive.

Don't try pouring naloxone into the victim's nose or mouth: Trying to make someone who has overdosed and is unconscious swallow naloxone (or any liquid) can be dangerous, as it might go into their lungs. In any case, this won't work because not enough naloxone will be absorbed.

NALOXONE
NALOXONE
NALOXONE

UISCE MEETS WITH THE PRESS OMBUDSMAN



By now you already know how important LANGUAGE is to us at UISCE.

Over the last few months, we have been seen a lot of discriminatory and stigmatising words in different Irish newspaper

articles talking about addiction and people who use drugs. We find this UNACCEPTABLE.

This is why we decided to contact the Press Ombudsman. They kindly accepted our proposal to work together to ELIMINATE STIGMATISING LANGUAGE when we talk about people who use drugs FROM ALL IRISH MEDIA.

We met with Peter Feeney from the Press Ombudsman earlier this fall to discuss what we would do and we were really amazed by how supportive they were with UISCE and all that we stand for!

On the next page is the Advisory Notice that the Press Ombudsman

shared with every editor in the country.

We can do this if we work together.

Again, thanks to the Press Ombudsman for being so supportive of our work.

And before you keep enjoying this fantastic issue of Brass Munkie, we wanted to let you know that we've written a piece about stigmatising language, the reasons we should avoid certain words and effective terminology.

We're happy to share it!
(contact: maria@myuisce.org)



ADVISORY NOTICE TO ALL EDITORS, NATIONAL AND LOCAL

Dear Editor,

The Office of the Press Ombudsman has been approached about the impact of language used in newspaper articles on the subject matter of drug- users. The approach has been made by the Union for Improved Services, Communication and Education (UISCE) which is linked to the Drugs and Alcohol Task Force which is responsible for developing a National Drugs Strategy. Further information is available on its website (www.myuisce.org).

UISCE in a submission to this office states

Stigma is a contributing barrier to equality encountered by people who use drugs. language and imagery used to describe addiction by the media contributes to the stigma.

The outcome of using this language is a lowering in the self- esteem of people who use drugs, shame from family and friends and increased social isolation – all of which are barriers to recovery and reintegration.

Inaccurate and crude misunderstandings of drugs have fed through into how people who use drugs are seen: the widely- held, generalising, and unscientific position that illicit drugs are 'bad' informs the understanding that people who use drugs are bad too.

Drug use is viewed as unacceptable and criminal, therefore people who use drugs, by default, are stigmatised as deviant criminals. In terms of drug use, stigma and criminalisation operate together: stigma (i.e. the social spoiling of people who use drugs) is used to discourage drug use, and criminalisation is justified by stigmatising drugs and people who use them.

Stigmatisation drives frequent prejudiced and biased treatment of people who use drugs. This discrimination has corresponding impacts on health and welfare. Stigma, and the discrimination it results in, are what drive the gross violations of the human rights of people who use drugs, and also result in these violations going for the most part unchallenged."

UISCE has provided a sample of the terms which they feel demean and stigmatise people who are drug- users. These include Junkie, Zombie, Druggie, Stoner, Scum, Crackhead. UISCE also request that in reporting on stories about drug usage people's names are given before their condition (in a similar way as people with disabilities are described in reports)

UISCE have asked this office to pass on the above remarks to editors of national and local newspapers. This Advisory Notice is issued as a service to UISCE and without prejudice to any decision that may be made in the event of a complaint to this office about the reporting of drug- related issues.

Yours sincerely

Peter Feeney

Press Ombudsman

23 October 2017

INTERNATIONAL OVERDOSE AWARENESS DAY



Fiona Nally, Denis O'Driscoll, María Otero Vázquez, Hannah Rodrigues, Aoife Francis

It was August 31st 2017 and we were READY. After hundreds of emails, calls and meetings, we put our silver pins and our purple wristbands to celebrate International Overdose Awareness Day. But...what is this day about you ask?....

International Overdose Awareness Day (IOAD) is a global event held on August 31st each year and aims to raise awareness of overdose and reduce the stigma of a drug-related death.

It also acknowledges the grief and pain felt by families and friends remembering those who have met with death or permanent injury as a result of drug overdose.

International Overdose Awareness Day originated in Melbourne, Australia in 2001 and since then, it has become global and, each year, more and more countries, are participating in this event.

So, to celebrate IOAD 2017, the HSE, UISCE, Pavee Point, National Family Support Network and SAOL to help raise awareness of the impact of drug overdoses on the community of people who use drugs, their families and loved ones.

We all gathered at the amazing SAOL offices in Amiens Street, ready to share our stories.

The amazing Gary Broderick (SAOL) welcomed everybody and Dr Denis O'Driscoll (HSE) talked about how drug overdose are preventable and the importance of having NALOXONE widely available. After this, the fantastic

John Devoy said a few words about how overdose has affected him- John had recently lost a friend due to overdose.

After John's inspiring words, it was Maureen Penrose's time to share her story.

It was emotional and amazing and this is why we wanted all of you to read it. Flip the page and be ready to get teary!

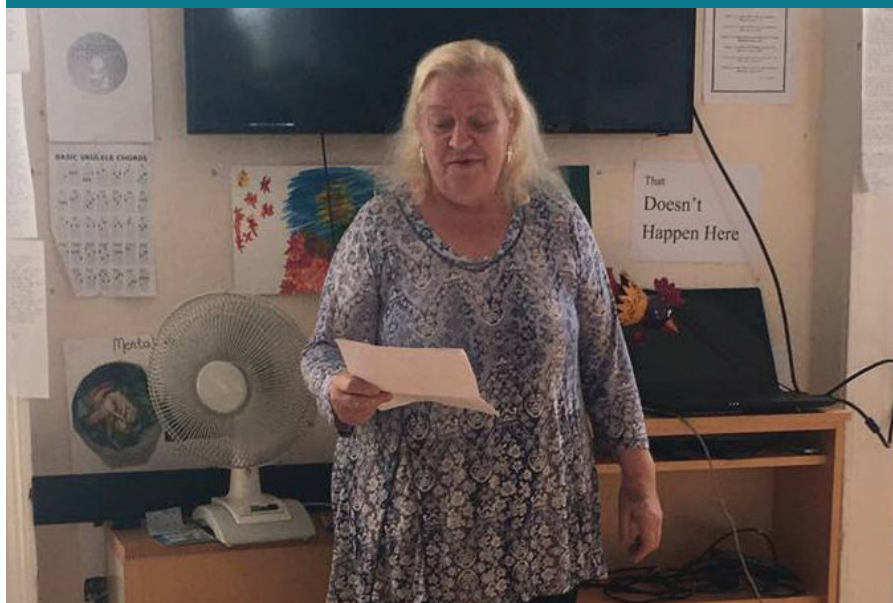
To finish up, Denis and Hannah answered some questions people had about Naloxone and how to access it.

If YOU have any questions, please, give us a call or drop by the office and we can talk about it. And even more important ASK YOU GP ABOUT NALOXONE!

As always, the wonderful team at Snap Charlemont (thanks Kim!) helped us put together the amazing posters, banners and cards you see here.



IN A MOTHER'S WORDS



On IOAD, **Maureen Penrose**, an extraordinary woman and mother of a person who uses drugs spoke about her experiences. We wanted to share this with you in her words.

OVERDOSE

I was asked to talk today about overdose, from the family's point of view. Overdose. Two little letters. O and D. OD. I had overdose rolling around in my head, thinking about what a family point of view might be? On Overdose Awareness day.

I wondered how aware can we be? I have mentioned some of this stuff before, but these are the stories that come to mind. Ye can overdose on pretty much anything. Even water! It's rare but it can happen. It's called water intoxication. Yeah! You can have too much of anything, even good things.

When I was younger, MUCH younger, I used to go out drinkin' with me fella. I used to drink 7 or 8 pints of Guinness of an evening,

and he would hold my hair out of the way for me while I puked all the way home! I didn't know it, but I was overdosing on alcohol. My body was getting rid of the excess!

I brought my Ma to England a couple of years ago, to visit her sister. They are both in their eighties. confused. A bit deaf. Ma gets around in a wheelchair. They had a lovely visit and chatted about their illnesses and complaints. My Ma's sister was always full of advice, being the older sister. Back at the hotel next morning, I brought Ma down for breakfast. I parked her at a table and went off to get the fry up. When I came back three minutes later, Ma was out cold. I tried to wake her up. No joy. I thought STROKE. Check for stroke. FAST. Face, Arms, Speech, Time. I remembered it but she was unresponsive. I ran to reception for help. They called paramedics.

They came and got no good out of my Ma. They called an ambulance. At the hospital, doctors checked the usual, heart, Blood Pressure, pulse etc. She started to come

around. Very confused and groggy. Didn't know where she was. Doctors were asking about her meds. I had brought them with me to the hospital. The doctor came to speak with me, said he felt Ma was okay. No sign of stroke or of Diabetes or heart problems. He said it seemed to be a medication problem. I said "What do you mean?". He said, "It appears that your Mam was given some little blue sleeping tablets by her sister to help her sleep" I looked at him. "Is my Ma stoned?" I said? He smiled. Well she was after frightening the Bejaysus out of me. Me Ma is a legend in our house for overdosing on the bluies!

My family members used heroin over the years. My brother told me of his friend who overdosed every so often and they would thump his chest and walk him around until he came out of it. They did that three or four times. How close is that? It was my daughter who overdosed and was saved by an older lady who was in her company. I bless that lady. We could have lost my girl 20 years ago only for her. I sat and watched my daughter goofing off in front of me many times. It would upset me SO much that I would want to THUMP the head off her.

Stop her from taking gear. It could so easily have happened that she was overdosing in front of my eyes. I wouldn't have known the difference. I wouldn't have known what to do. It's a constant fear among families. That we will lose our beloved child, partner, sister to an overdose. That they will



just slip away and be gone from us. Beyond our help. Beyond our hopes. Beyond our dreams. So final. So forever.

I trained last year in the use of NALOXONE. It was really exciting to know that if my girl started overdosing in front of my eyes I might be able to stop her. Save her. This NALOXONE has been around for a long time. But I don't have any. Does anybody here have any? I know there is a pilot and I thank Dr Denis O'Driscoll for persevering and trying to bring it in. We needed that stuff yesterday. Am I right?

I meet with parents who have been unable to resuscitate a son or daughter who has been found unresponsive. Or a daughter who finds her mother slumped at the kitchen table. Or a man who finds his partner has slipped away while sleeping. Or the guy whose friend

has been too long in the bathroom. So many people affected. We are losing our long- time users. They are slipping away from us. I live in fear! Give us a fighting chance, why don't yez? We are fighters after all. Over 600 deaths from drugs in 2015. This is an epidemic guys. We need to get serious about it. We need to treat it as the crisis it is! Give Naloxone to families! Give Naloxone to services. Give it out in needle exchanges etc.

Yeah! I have been thinking about overdose today. I am aware. Very aware. Mostly I am aware of the loss and the hurt to families. To the children that have lost a beloved father or mother. To the parents who lost their child. To the sisters and brothers who can never get the whole family together again. The loss and the hurt. Such a small little cause. Two little letters. O and D. OD.

”





Here's us with Aoife from NFSN!!

getting more information on the issues that affect them. We also run events throughout the year, the biggest one being our annual service of 'Commemoration and Hope' on February 1st every year. This non-religious ceremony, held in the church on Sean McDermott Street in Dublin 1, brings together people who use drugs, their families and friends, to grieve loved ones they have lost in a spirit of dignity and hope for the future.

NFSN are involved in implementing the new National Drugs' Strategy, a document which lays out what happens when it comes to drugs, drug services and the people affected by drugs in Ireland.

We keep telling the government how important it is to support family members of people who use drugs and how this benefits everyone to keep safe, deal with difficult situations and to stop the isolation of people who use drugs and their families in the community. We are excited to be involved in the strategy so that we can make sure all of this happens.

The National Family Support Network (or NFSN for short!) helps the families of people who use drug- in a lot of different ways.

We help people to find support groups in their area to connect with others in the same situation, we help family members get trained in the use of Naloxone so they can keep the person they love safe, we help family members who

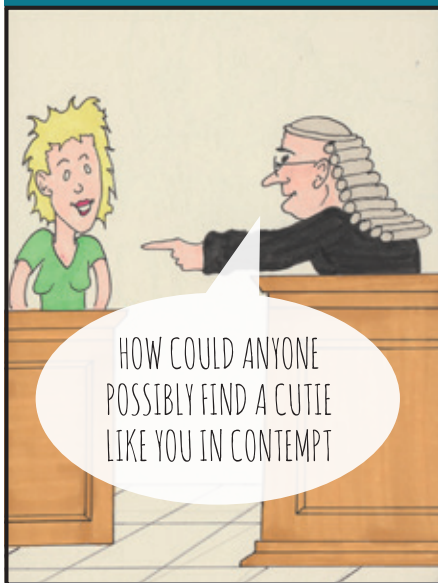
are being intimidated because of drug related debt and we help family members who have lost their loved one through a drug related death.

We have over 70 groups (all over Ireland!) who are affiliated to us and all of the groups are free of charge to join. Family members tell us that they get a lot out of attending these support groups, knowing that they are not alone, making friends and networks and

If you are a family member or you know someone in your family you think might like to get some support or training please give our office a ring on 018980148 or check out our website fsn.ie



DOC'S DIME



SHRILL RINGING.....!!!!

Click as phone is answered old school heavy handed in my paw.

"DOC HERE...."

"DOOOOCCCCC....."

ITS SANCHO....."

Dead air as my heart sinks. It isn't her, whoever 'her' may ever turn out to be.....it's Sancho."

"RIGHT SANCHO,
WHAT'S THE 411?"

"That's right Doc the 411...the story...the news but you don't have to sound so down Doc! It's your old pal Sancho. I just need some copy. The usual.....'listen... look...ask' narrative. Word here in the Big House is that they want to save addict's lives. You know prolong the pleasure. All heart here as always. They want to open injecting rooms.....a caring gesture.....a political gesture.....a political caring gesture. I need

to know the backstory Doc. You know.....down and dirty..... what the word there on the streets is. Usual Rates....."

Sancho knew what he could do with his 411 requests. Like the snow the blow and the vodka gotsta go.....all that's left is the RingDangDo! And the debt it incurs.

"USUAL RATES SANCHO."

The phone clicks.

I'm watching my smoke curling to the nicotine ceiling.....my version of thinking. So what's this all about? What does it all mean? Grab my hat and get set to wander. Off I go, shells wide open, to flatten my feet on the streets of this city.

Back to the wall.....eyes on the door.

I can see Sancho there, up in the Big House as I drop my dime. He's doing the whole 'Get this....Get that' thing from behind a slab of mahogany as he palms his tie flat. It's his idea of seducing his secretary. Sancho believes everyone gets off on the power thing....1 because he does, 2 because he thinks he is the power/he has the power. Who knows.....maybe she does wear Nazi suspenders to hold up her stockings.

The phone answers. Husky woman voice.

"Department of Wanted and Needed Knowledge," the secretary announces, "Please state your business.

I can see those cute little swastikas.

"DOC HERE...."---- I'M STARING INTO MY HAT FOR THIS ONE.

"Oh..."

I hear the phone being grabbed by Sancho and he fluttering her from the room with the free tie palming hand. Power! Who knows.... maybe the secretary has a RingDangDo debt too.

"DOOOOCCCC.....!
SANCHO HERE"

Insincerity dripping from every syllable.

"WHAT'S THE 411?"

I hit him with my facts on this matter.

Autumn 2017 sees the start of the new initiative to address the increasing problem of drug overdoses. Injecting rooms are to be trailed in a pilot programme in Dublin. The legislation concerning these was enacted on the 17th of May this year. Whilst this is a welcome move it raises the question of whether it is the most effective way of dealing with the drug problem and specifically death from poisoning (ODs) and drug-related deaths and their rising number. Much research was undertaken in this government decision and the principle of engagement, where the drug user must interact with services, seems to have been the deciding factor.

Various other European countries, such as Portugal and Spain were

looked at and the injecting rooms of these countries have been noted as being extremely successful. It is worthy of mention however that the degree of security for drug services in these countries far outdoes the current levels of security in Irish services such as Methadone Clinics or the MQI needle exchange.

This move certainly represents progress and is to be welcomed. On bad winter days it will provide a sheltered environment for drug use. Also, the principle of engagement will be beneficial to those who have difficulty injecting, with advice on accessing suitable veins and the hygiene necessary where medical procedure is involved. As one drug user pointed out however it will require extremely organised and able management.

There are over 8000 registered drug users in Dublin and there are to be 6 single use injecting rooms. This logistic fact has caused some scepticism amongst drug service clients and staff. The three primary issues which seem to determine drug usage at present are geography, weather and withdrawal status. Depending on how sick somebody is will determine how far they are willing to travel to get a hit.

With the high increase in Femoral injecting (anecdotally this has been commented on in both newspapers and on radio) public injecting has become an extremely visible and discomfiting social problem.

Under the mistaken belief that people are injecting into their genitals society has taken a stance which is rightfully abhorrent of such behaviour. This accompanied by discarded needles, defecation and urination in public spaces, has

annoyed residents and passers-by in affected areas.

Questions have arisen amongst residents and business owners of certain areas as to whether the pilot programme will effectively address this problem. Certainly there is no excuse for injecting around a school. However, from a straw poll, people who have very little invested in society and are daily forced to question their value to said society are unlikely to undergo behavioural change.



The motivation for the initiative was apparently to reduce the number of drug deaths in the capital. This much said people working in the sector have commented that whilst injecting rooms have their place the most effective way to treat this problem would be by increasing the access and usage to Naloxone.

At present while many are trained in its administration few are permitted to do so for reasons of consent. This raises the possibility of there being a secondary agenda of eliminating the public injecting problem.

There may well be a crackdown on street usage from here on in and being a pilot programme it could be deemed unsuccessful after a year and the crackdown to continue thus forcing drug

usage further underground and thus more dangerous. The only way to ensure drug users safety is to act safely both personally and communally.

“HMMM.....OK DOC.....
YOU’RE COVERED. VERY
INTERESTING.....”

There’s a squeak as he leans back into the leather of his chair.

“Its all about the business Doc. All about the Big B. We got to protect that. As you know Doc, nothing gets in the way of the business.”

I look at my left hand and flex the fingers just to make sure they’re all still there.

“YEAH THAT’S ME DONE.
SO LONG SANCHO!”

“Yeah....uh before you go Doc, I’ve got some rocks here you might want to look at.....from China.....all the way Doc.....all the way. Rocks from China. Chinese Rocks.....”

The phone clicks its heavy click and the line dies. I’m left staring at my end mid-air.

Metaphor for life that, I think.

THE SNOW THE BLOW.....

BY
JC

COOLMINE



This photo was sent by Coolmine

Coolmine is a drug and alcohol treatment centre providing community, day and residential services to people who use drugs in Ireland. They recently hosted an event and told us all about it.

Coolmine hosted the 16th European Federation of Therapeutic Communities (EFTC) conference in Dublin Castle, September 21st and 22nd 2017.

The conference was titled "Pathways of Care to Recovery" and was opened by Minister for Justice and Equality, Charlie Flanagan.

More than 250 people working in addiction treatment, from frontline workers to people presenting research and international experts attended over the two days the conference ran.

There were 60 presentations from different countries: US, Pakistan, Israel, Russia, Australia, Spain,

Portugal, Greece, Austria, Norway, UK and of course Ireland.

So, what is a therapeutic community....you ask?

(We asked the same thing) According to Wikipedia, (only the highest calibre of references for Munkie readers) "a therapeutic community is a participative, group-based approach to long-term to drug addiction. The approach was usually residential, with the clients and therapists living together, but increasingly residential units have been superseded by day units.

It is based on milieu therapy principles, and includes group psychotherapy as well as practical activities." Basically, it's a residential rehab.

And what is EFTC? It is a network of organisations in Europe who support people living with addiction. This includes prison services, rehabs, drug companies,

etc. The purpose of the network is to exchange knowledge and research to make the best possible treatment and rehabilitation services available to people who want to use them.

There were three main themes at the conference;

- **Gender, Women and Families**
- **Mental Health and Addiction**
- **Addiction in prison**

Speaker Naya Arbiter (Amity Foundation US) noted that women are often "culture carriers" as they teach and lead others in communities and bring forward emotional regulation.

Lucy Baldwin from De Mont University in the UK made an emotional presentation on women in the criminal justice system and that policy and service providers need to stop the practice of separating mothers from their children in prison. People at the conference also said that we need to ensure women are in positions of leadership and management in addiction services!



This photo was sent by Coolmine

Finally, Professor Sharon Dawe (Australia) provided an insight to the Parents Under Pressure (PuP) programme, used in Coolmine for the last four years, that supports high risk families impacted by substance misuse. Through an integrated case management framework PuP strengthens the family unit and supports parents to develop their parental capacity to be the best parent they can be. PuP shows evidence of keeping families together when possible.

The second theme focused on treatment in prison and an overview of the Irish Prison Service progress on implementing

a culture of rehabilitation was made by Director General Michael Donnellan. Rod Mullen from Amity Foundation us presented evidence on the positive impact of Therapeutic Community in American prisons.

The third theme was Mental Health and well-being and the emergence of a new Dual Diagnosis Clinical Programme in Ireland was presented by Dr Eamon Keenan HSE. The programme, due to start Spring 2018 will provide an integrated service for people wanting support with mental health and addiction here in Ireland. Gilberto Gerra (Austria)

spoke of the international call for dignity and respect for all people in society, the need to eradicate poverty and address the societal factors that lead to disadvantage and addiction.

Both Gilberto and George De Leon (US) called for services to be flexible and adapt to presenting service user needs, often complex needs due to life experience, that need to be treated along with substance use.

For more information see EFTC on www.coolmine.ie



UISCE GOES TO MQI ANNUAL REPORT LAUNCH



people who are homeless are and how difficult it is for people who use drugs to access treatment when they don't know where they are going to sleep that night. He also shared some of the amazing things that MQI services have done the past year.



Last September 8th, UISCE was lucky enough to get invited to the launch of the Merchants Quay Ireland Annual Review for 2016 so John and I decided to drop in and check out how 2016 was for MQI services.

The MQI Annual Review for 2016 was launched by Senator Aodhán Ó Ríordáin and he talked about how difficult it is for people who are experiencing homelessness right now in Ireland and congratulated the MQI team for all the amazing work they do daily.

We got there and I enjoyed a cup of coffee as John said: "Tea for me please! Two sugars and milky". It was really nice to see all familiar faces!

After him, Tony Geoghegan, CEO of Merchants Quay Ireland said a few (or more than a few!) words. He spoke about how vulnerable

Thanks so much to MQI for inviting, for all the incredible work you do and for always being supportive of UISCE. We really appreciate it guys!

Here are some amazing **MQI** stats.



Walk-in Service

No Appointment Necessary

Where?

HIV Ireland, 70 Eccles Street, Dublin 7
(Opposite Mater Private Hospital)

When?

The Second and Fourth Wednesday
of Every Month. Doors Open 1:00pm
Testing is 1:30pm — 3:30pm



FREE HIV & STI TESTING

Tel: (01) 873 3799
testing@hivireland.ie
www.hivireland.ie



HIV
Ireland





UISCE PRESENTS AT IRISH STREET MEDICINE SYMPOSIUM 2017



Here at UISCE, we're really proud of all the work we do, what can I say...we're really into what we do! That's why we always try so share our research if we have the opportunity to!

As we told you a couple of Brass Munkies ago, UISCE represented people who use drugs at the working group for the development of Dublin's first Supervised Injecting Facility. We did this (like we always do!) going on outreach and talking to you guys about it. You shared your thoughts, concerns and suggestions with us, we put together all the info you kindly gave us into a report and presented it to the HSE.

You know the gist by now...don't you?

Well, we know you know how we do things, but some people DON'T. Can you believe that? And we thought we were popular...

All jokes aside, over the summer we decided to submit this piece of research we did to the "Irish Street Medicine Symposium 2017" organized by the HSE, Safetynet and UCD. And they choose us as one of the presenters! Isn't that cool?

The ISMS 2017 took place at UCD and was a two-day event filled with interesting presentations

from different services, researchers and policy makers.

Everybody that presented had the same goal: to improve the health care outcomes for the most vulnerable in Irish society (such as people who use drugs and are experiencing homelessness).

(special shout out to the amazing women from MQI and their presentation on The Night Café).

It was amazing to share how the voices of people who use were included in the requirements of the tender for Dublin's first Safe Injecting Facility.

If you want to check out of presentation (it's a brief one we promise!) go to

www.primarycaresafetynet.ie/day1



Well, after getting completely lost at UCD campus, we got to the building (and they still had some snacks!). Before our presentation, we got to hear some amazing people talking about their research

and look us up in the "Day 1: Research" section.

PAVEE POINT MARKS WORLD HEALTH DAY ON OCTOBER 10TH



PAVEE POINT TRAVELLER AND ROMA CENTRE

Mental health within the Travelling community is at an all-time low. Sadly suicide rates are 7 times higher in the Traveller community than in the general population. Getting Travellers to look after their mental health has been a campaign led by Pavee Point for a number of years now.

We did this as a large group so that others could talk and get chatting people and get things off their chests if needs be and this contributed to people's mental health. A huge factor in suicides is people feeling lonely and as if they have no one to talk to, this exercise attacked that problem. At the end of the walk we went to a local grotto and shared a few prayers

for the 10 people who died in the tragic Carrickmines fire on this day 2 year's previous. We connected this with our spiritual health and feel having a belief in something can make a person also feel that when their down they can say a prayer to their god and get things out of their system by letting god hear the problem and not keeping it all bucketed up.

Travellers suffer from a lot of exclusion and discrimination and this effects Travellers in a horrible way and contributes an awful lot to Traveller's mental health and depression.

Judge people by how they treat you and not by what you hear. If you know someone who could need a chat or a bit of cheering up try and reach an arm out to them because you never know what's going on in their minds.

RICHIE O'LEARY

PAVEE POINT

The 3 key things to have for positive mental health is to have good physical, mental and spiritual health.

On Tuesday the 10th of October Pavee Point made it their business to go on a walk around the local roads to get exercise and fresh air which we thought would benefit to our physical health.



BILLY'S BIT



Hey folks..... what's the story!

Welcome to another Billy's Bit, where I tell you what's going on in my world. You wouldn't believe the shit I've had to deal with since the last time we spoke..... so, to recap.... after all the sleeping bags and sad excuses for hostels I have stayed in over the years – Housing First finally helped me get my own gaff (Thank you H.A.P scheme!)

It wasn't long before the landlord was looking for an excuse to evict me and do you know the excuse he used? He evicted me for too many ambulances coming to the door over me having epileptic fits (I think it was really that he was jealous I'm a better break dancer than him!)

Anyway – what ever the reason, it was my first ever gaff of my own. The first time I've needed to change my own sheets, do my laundry and cleaning. The first time I could go "home" when I wanted to.

You all know from reading this that it wasn't easy. I had a big slip when I first moved in. It was strange being on my own when I was so used to people being around on the streets and in hostels.

So, I'm evicted and my keyworker gets me put back in the hostels telling me " The longest you'll be there is 3 weeks, we'll have you in a place by then." Guess what.... 4 months later and guess where I still am!

If that's not bad enough they get me a viewing for this beautiful gaff down on the docks and tell me that I have it. I spend days racing around getting all the ID and information they want and just when I think they're calling to tell me to come and pick up the keys, they tell me I don't have it!

Still after all this, I'm still going to their poxy meetings and it's like someone pressed a repeat button or something because all they do is feed me the same old lines over and over and over (and I know you lot know exactly what I'm talking about!) I mean I've even tried to

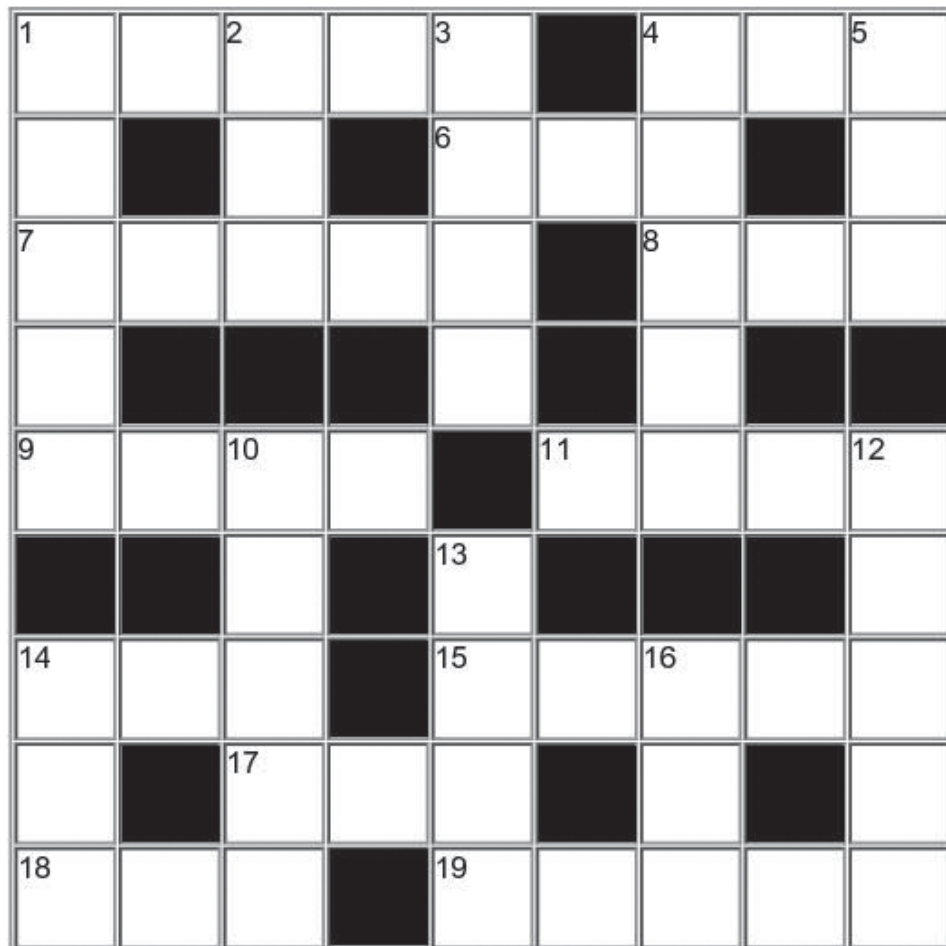
make their jobs easier by giving them other options like getting me in to residential treatment so by the time I've got myself sorted they might of actually got themselves sorted!

But do you know what? I could sit here all day moaning like Victor Meldrew but there is one thing that you, me or anyone else in the same position has to remember, as tough as things get or as hard as thing seem you've got to make sure your willing to play your part as well because if you're not then you're just gonna keep going around in circles anyway lads and lasses I'm gonna head all these circles are making me dizzy, I see you on the flipside!

BY
BILLY WEEDON

** Note from the editor who didn't have a clue who Victor Meldrew is; Victor Meldrew is a fictional character in the BBC One sitcom One Foot in the Grave, created by David Renwick and portrayed by Richard Wilson. The character epitomised the archetypal grumpy old man.

CROSSWORD



Across

1. Cook on gridiron
4. Work with shovel
6. Belonging to us
7. Repeated another time
8. Small insect
9. 10 cent coin
11. Frozen precipitation
14. Food tin
15. Grayish green
17. Hooting bird
18. Sticky black substance
19. A lollipop

Down

1. Protect
2. Northern Ireland army
3. Not short
4. Empty liquid from container
5. Acquire
10. Not major
12. Fully of weeds
13. Tootsie_____
14. Feline
16. Sick

Answers

Across: 1. grill, 4. dig, 6. our, 7. again, 8. ant, 9. dime
11. snow, 14. can, 15. olive, 17. owl, 18. tar, 19. lolly

Down: 1. guard, 2. IRA, 3. long, 4. drain, 5. get,
10. minor, 12. weedy, 13. roll, 14. cat, 16. ill

SPARE A RHYME



RIP

Death is waiting
in the
kitchen
When you get up
in the morning
Life doesn't wait
on night and day
Death is ever real

24/7 12/52

365/66

Stefion Mac Eoghan

14th Oct 2017

BY STEVE JONES



Okay

so its not easy
out on them streets
in fact its crap shite but its
your life
but oh them highs buzzes scores
chemicals
and the mighty craic right
wrong okay it is all doom and
gloom And to be honest
Though who really is.

Okay yeah it's shit on the street
but be honest for once in your life
don't we get what we deserve.
Yeah right

Scum skanks gurriers assholes
j**s hungry ghosts wankers
pricks losers cunts druggies bums
creeps weirdos

Okay it's no one's fault yeah.

The guards gardai them bastards
priests police politician straights
wage slaves hypocrite s bosses
social workers probation officers
foreigners queers nuns mum's
father's bullies hoods Wannabees
crims

Okay enough

We get the picture

Yeah

What's the story spikey am I right
this is the big picture. The whole
nine yards the cash. The sp.
What can we do fuck all. That's
right yeah. Okay.

But you can we can do something
change change my life. Change
your life chance it change it
what's so decking good about
this life you want to hang on to it.
Just change. A bit just do it.

Yeah. Sure okay

Breathe breathe deeper don t
panic breathe out. Change who
gives a shit not you. Me him. Her.
Anyway okay, just do it. Have a
cuppa a drink have a fix a smoke
have a shot a shit a think. Have
a go. For Jesus for him Or her
for yourself for your kids your
baby your lover for who cares go
on bud change okay make a
difference. Change. Why not
what you got to loose. Okay no
bullshit your life's so great change
it. No bullshit shit Or what. Or
fuck all. Or nothing.

Change

It's only your life

Or death

Okay

BY STEVE JONES



A CIRCLE OF GOLD

A life bares to breathe
 The symphony of the choosing
 path
 Togetherness, our stories relayed
 Through a looking glass
 Tears that hold memories
 A weighted soul the reminisces
 Of love long kisses
 Fractions of light
 Star dust eternal
 Her eyes freeze to relive a million
 images

My beautiful whispers as colour
 pixel relays
 A closeness of us coming
 together as one
 A deep sigh
 Pain with intent, with motive
 to end
 No movement, no shallow breath
 with regret
 A life ended to live life let
 Separation while still holding
 hands

The thinking of a ticking clock
 Hold the only sound
 My exasperated cries hold no
 bounds
 No missed wishes, no unspoken
 words left
 I'll stay a while
 My girl, my beautiful
 My heart bereft.

BY DAVID O'SULLIVAN

AROUND THE WORLD



STORIES FROM AROUND THE WORLD

PHILIPPINES



How would you feel if being a person who uses drugs meant that you were a target for a vigilante death squad? That's exactly what's been happening in the Philippines since last year.

In 2016, Rodrigo Duterte won the election in the Philippines and became President.

He won because he promised to kill tens of thousands of criminals, and urged people to kill drug addicts.

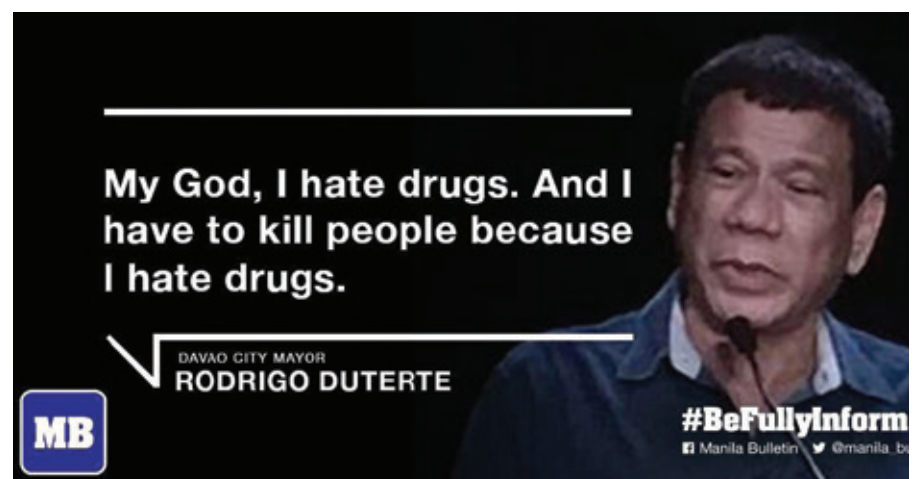
Protest in Manila

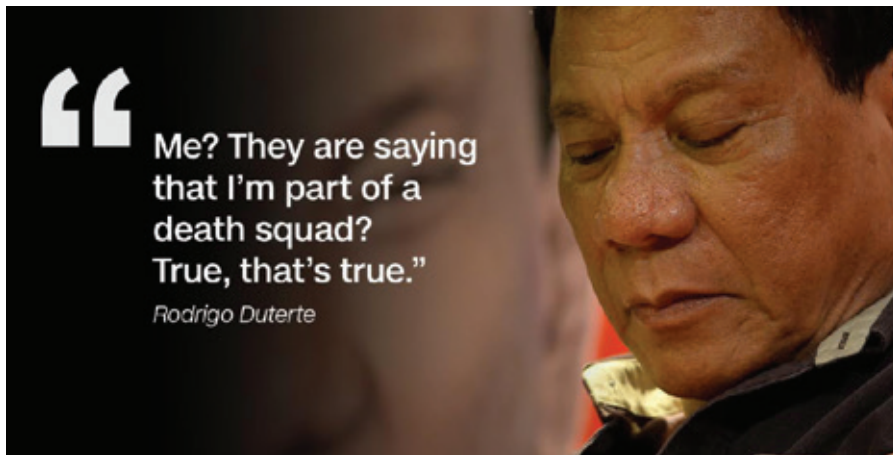
Before he became the President he was Mayor of a big city and groups like Human Rights Watch spoke out about him for illegally killing hundreds of street children, petty criminals and drug users.

Here's what he promised at a campaign rally according to Newsweek USA "If I make it to the presidential palace, I will do just what I did as mayor. All of you

who are into drugs, you sons of bitches, I will really kill you. I have no patience, I have no middle ground, either you kill me or I will kill you idiots, .

There is a small army of vigilantes called the "Davao Death Squad", which he was allegedly part of. Duterte has gone backwards and forwards about admitting being involved with the Death Squad





Protestors in NY

Senior people in the Philippines anti-narcotics unit have spoken out about Duterte using exaggerated data to support his claim that the Philippines is becoming a “narco-state” and justify his actions.

In Reality, the Philippines has a low rate of drug users compared to the global average, according to the United Nations Office on Drugs and Crime (UNODC).

The things he says publically are astonishing. He is quoted by the BBC as saying;

“Hitler massacred three million Jews. Now, there is three million drug addicts. I’d be happy to slaughter them,” he said.

Mr Duterte (who got his statistics wrong, as Hitler massacred six million Jews) - said he wants to “finish the problem of my country and save the next generation”.

THE DEATH TOLL

According to Human Rights Watch, security forces and “unidentified gunmen” have killed at least 7,000 suspected drug users and dealers since July 1, 2016.

So send a thought to our brothers and sisters in the Philippines. If there’s anything we can do from Ireland, Brass Munkies will let you know....

2 WEEKS INTO DUTERTE’S ANTI-ILLEGAL DRUGS CAMPAIGN

JULY 1-13, 2016



ARRESTED **1,843**
DRUG SUSPECTS



KILLED **135**
DRUG SUSPECTS



SURRENDERED **66,307**
DRUG SUSPECTS



43,026 HOUSES

“VISITED” UNDER PNP’S PROJECT
TOKHANG (KATOK-PAKIUSAP) TO
ENCOURAGE DRUG USERS AND DRUG
PUSHERS TO SURRENDER



146.3 MILLION

PRESUMED VALUE OF SEIZED
DRUGS, INCLUDING MARIJUANA,
SHABU, AND ECSTASY

SOURCES: PCIJ REPORT DATED JULY 14, 2016 CITING VARIOUS PNP DATA

AROUND THE WORLD



STORIES FROM AROUND THE WORLD

AUSTRALIA TRIALS

TREATMENT BY INJECTION: DEALING WITH YOUR OST ONCE A MONTH?

NUAA is peer run drug user organisation in Australia that has a fantastic website and loads of information. They published this story about a drug trial that happened we thought you should know about!

Imagine only having to deal with your Opiate Substitution Therapy (OST) once a month. NUAA – a “users news (UN)” website tells us that a clinic in Australia is part of an international trial of a new, long-acting depot buprenorphine product that can be given with a single subcutaneous injection

once a month. No more queues, no more dealing with the daily grind.

Professor Nick Lintzeris who heads up Drug Health Services in Sydney told Users News “These monthly injections will not be for everyone. Patients who need regular support and care or take daily mental health medications with their OST may be better off with a closer relationship to their clinic or pharmacy. But for part of the OST community, the choice to be dosed with buprenorphine only once a month will be a very useful and welcome addition to the range of treatments available for opiate use. Once this new product is approved, there will be a freer life waiting for those who want it.”

The publication went on to say; “The idea of only being dosed once a month certainly unlocks those “liquid handcuffs”. You can now take that job that requires

travel, be it airline steward or truckie, without worrying about your dose. If you want to go on holidays there is no fussing with takeaway approvals or transfers. You could even go to countries that frown on OST for as long as a month without having to declare any medications. And for those looking towards abstinence, getting out of the habit of daily dosing helps put their drug use “out of sight out of mind”.“ UISCE agrees 100%!

The buprenorphine injection has no naloxone added. Those who choose to inject illicit drugs on top of their monthly injection will find it similar to injecting on top of methadone: they will feel a blunted effect but will not go into precipitated withdrawal.

The product isn’t on the market in Australia yet – nor in Ireland. Every drug needs to be properly approved before being rolled out.

At this stage both products have had “double blind” tests (where the product is compared to a placebo or active control group of people on sublingual buprenorphine) with good results, although these studies are yet to be published. Langton is currently one of 4 Australian sites trialling CAM2038 as part of a year-long international trial of 20 sites to ensure the product is safe and workable. Professor Lintzeris reports that clinically all is going well with the trial at Langton. The product is easy to use, it’s flexible, no serious side effects and there appears to be high levels of consumer and staff satisfaction with the product.

The new injections bring advantages, but also challenges for its users. For example as we would not handle the product we wouldn’t be able to share with a needy partner or friend or put any aside for a rainy day. We also need to watch out that this new format is an addition and not a replacement to the current OST menu.

As with Ireland, Prof Lintzeris said “We need better continuing education so that doctors are up on new developments in OST.”

An additional reason few doctors write monthly prescriptions of Suboxone lies in stigma and

discrimination. Doctors often do not trust their patients with a month of medication, believing it may be diverted or lost.

Monthly injections may solve some of these issues - but not if the cost is that we lose other choices. The control we gain by being free from day to day dosing hassles must be weighed carefully against the lack of control we lose by not being able to manage our medication ourselves. And because we are all different, with different needs, any new modes of OST must be additions and not replacements to the status quo. We will always welcome another option to the menu of treatment services.



STORIES FROM AROUND THE WORLD

TORONTO

Toronto is getting its first pop-up safe drug injecting site. It just goes to show that people around the world are beginning to understand that drug use is never going to go away. It’s time for a new way of dealing with the issue and finding new and innovative ways to meet people where they are at and provide harm reduction interventions to save lives.

According to thestar.com, “Plans are afoot to give the Moss Park “pop-up” safe-injection tent, established by volunteers (in August 2017) as an emergency response to overdose deaths, a permanent future in a nearby building.

“The experience in Moss Park demonstrates that safe injection saves lives and works,” Councillor Joe Cressy said in an interview.

Volunteers have administered naloxone 26 times to people overdosing, and intervened with verbal directions and sometimes

oxygen to help many others escape a “deep nod” with dangerously shallow breathing.

People have injected drugs about 1,000 times in one tent. Another tent, used to “chill” or smoke drugs including crack, has seen between 1,500 and 1,700 visits. The Ontario government, which recently earmarked \$222 million in new funds over three years to help fight the growing opioid crisis.

Till next time Stay safe!



STORIES FROM AROUND THE WORLD

BARCELONA

Remember when María wanted an excuse to go back to Spain and decided to visit some Safe Injecting Rooms in Barcelona? We told you all about it two Brass Munkies ago!

One of the SIFs she went to was the “CAS Baluard” and after her visit, Diego Aranega the director of the service visited us in Dublin!!

Well, they moved to a bigger space and wanted to share with all of us their experience. This is what they said:

“Maybe this won’t make the records as a historic event, but everybody at CAS Baluard has

been waiting for this for the last 13 years. Why the excitement and expectation?

Well, that’s not a simple answer. From a professional point of view, this change means the acknowledgment of all the work we have been doing, a bigger infrastructure and the finally getting recognized as a health service in full.

The new venue is closer to the city center and has a more welcoming look - we used to be located behind a XIV century wall, something that gave a defensive environment to everybody that came into the service. and- we believe- added to the stigma that the people who use the service already experience.

Now, it’s easier to find us, we’re finally visible!! However, any change comes with its difficulties and challenges along the way.

Being closer to new neighbourhoods means we have to work together with the community to eliminate stigma and encourage acceptance!

For the service, the new venue means new services! By 2018, we are looking forward to adding some more options for the people that come to Baluard apart from harm reduction (such as abstinence-based programs).

Finally, it’s important to remember that, although changes are challenging, the highly skilled and well-adapted Baluard team made the transition much easier!”

FUN WITH GIZMO





Merchants Quay Ireland
Homeless & Drugs Services

DAILY SERVICES AND PROGRAMS

	MONDAY	TUESDAY	WEDNESDAY
Drop-in Food Service	8am-9.30am 1.45pm-4.30pm	8am-9.30am 1.45pm-4.30pm	8am-9.30am 1.45pm-4.30pm
Extended Day Service (EDS)	5.30pm-8.30pm	5.30pm-8.30pm	5.30pm-8.30pm
Night Café (Freephone)	11pm-7.30am	11pm-7.30am	11pm-7.30am
Showers	8am-9.30am 1.45pm-4.30pm	8am-9.30am 1.45pm-4.30pm	8am-9.30am 1.45pm-4.30pm
Needle Exchange	8am-1pm 1.45pm-5pm 5.30pm-8.30pm	8am-1pm 1.45pm-5pm 5.30pm-8.30pm	8am-1pm 1.45pm-5pm 5.30pm-8.30pm
Doctor	9am-12.30pm 2pm-4pm	9am-12.30pm 2pm-4pm	2pm-4pm
Nurse	9am-12.30pm 2pm-4.30pm	9am-12.30pm 2pm-4.30pm	9am-12.30pm 2pm-4.30pm
Dentist		9am-1pm (appointment) 1.45pm-4pm (drop in)	9am-1pm (appointment) 1.45pm-4pm (drop in)
Contact Work (1-1 work)	10am-12.30pm 1.45pm-4pm	10am-12.30pm 1.45pm-4pm	10am-12.30pm 1.45pm-4pm
Counsellor (appointment)	9am-3pm	9am-3pm	9am-3pm
Mental Health Team (referral)	9am-8pm	9am-8pm	9am-8pm
Young Person Worker (18-25 years)	10am-12.30pm 1.45pm-4pm	10am-12.30pm 1.45pm-4pm	10am-12.30pm 1.45pm-4pm
Stabilisation Group	1pm-4pm	1pm-4pm	1pm-4pm
Outreach Team (referral)	8am-5pm	8am-5pm	8am-5pm

ONCE-WEEKLY SERVICES

Acupuncture – Wednesday, 11am-12.30pm
 Women's Group – Friday, 10am-12.30pm
 Mens Haircuts – Friday, 2pm-4pm
 AA meeting – Friday, 11am-12.30pm
 Art Therapy – Monday, 11am-12pm
 English Class – Wednesday, 2pm-3pm
 Chiropodist – Monday, 9am-1pm, 2pm-4pm

ON-CALL SERVICES

Family Support Group – Call Will: 0868132346
 or Lynda: 0861832343
 Pre-entry Group (High Park) – Call Paul:
 0861740644
 Client Forum – Call Mags: 0861832351

THURSDAY	FRIDAY	SATURDAY	SUNDAY
8am-9.30am 1.45pm-4.30pm	8am-9.30am 1.45pm-4.30pm		8am-9.30am 11am-1.30pm
5.30pm-8.30pm	5.30pm-8.30pm		
11pm-7.30am	11pm-7.30am	11pm-7.30am	11pm-7.30am
8am-9.30am 1.45pm-4.30pm	8am-9.30am 1.45pm-4.30pm		
8am-10am 1.45pm-5pm 5.30pm-8.30pm	8am-1pm 1.45pm-5pm 5.30pm-8.30pm		8am-10am 11am-1.30pm
2pm-4pm	9am-12.30pm 2pm-4pm (Scripts/Naloxone Clinic)		
2pm-4.30pm	9am-12.30pm 2pm-4.30pm		
1.45pm-4pm	10am-12.30pm 1.45pm-4pm		
1.45pm-3pm	9am-3pm		
1.45pm-8pm	9am-8pm		
1.45pm-4pm	10am-12.30pm 1.45pm-4pm		
1pm-4pm	1pm-4pm		
8am-5pm	8am-5pm		



CHRISTMAS CHAT WITH HIGH PARK

We had a chance to sit down with two of the people that have chosen to use High Park Rehab facility to hear their thoughts on Christmas this year.

This is a 17-week fully residential programme. The aims and objectives are to offer people a period of residential treatment in a drug and alcohol-free environment.

The emphasis is on assisting clients to gain insight into the issues which underpin their drug use and develop realistic relapse prevention skills. The High Park programme offers individual care plans, which incorporate inpatient

detoxification where necessary, individual counselling, group therapy, educational groups, work assignments and recreational activities.

WHAT SERVICE IS OFFERED?

- **17 week fully residential programme**
- **In-house detoxification can be arranged with community GPs**
- **Individual counselling and group work**
- **Relapse prevention**
- **Recreational activities**

CONTACT DETAILS

For Referrals & further information please contact;

Tel: 01 8377883

Fax: 01 8571949

E-mail: info.highpark@mqi.ie



I have learned a lot of coping skills in High Park. I am starting to get to know myself and have more confidence

- 33 year old woman





Gareth* plans to head back to Galway City to see his girlfriend and kids;

"I'm finished here on the 18th December so I'll be going back to Galway City, to my girlfriend and my kids. I'm looking forward to that because since I was young I wouldn't have had many Christmases, I would have been in prison for a lot of that."

Gareth has been with Merchants Quay for nearly 20 weeks, and talks about his experience;

"I'm getting on great, because you know I would have been in Dublin a lot, I would have been down in the Open Access. Anytime I went down there they were very good to me."

One particular night stands out to Gareth;

"I was in Dublin, and I was homeless to be honest. I was trying to get back to Galway; I couldn't get money sent up to me from Galway because I had no ID or anything. I went in that morning at 10 o'clock to get clean pins and I was talking to a girl in there. I think her name was Tanya, and I was telling her I was trying to get back to Galway, I couldn't get money sent up. So she said come back at two o'clock and we'll try organise a ticket for you to get back to Galway."

So I went back at two o'clock and there was a ticket there ready for me. That's when I went back and kind of said 'there has to be more to life than this, using drugs you know, living on the streets, being in a load of prisons, going to clinics'. You kind of have to plan your life around all that, going to the doctors, giving urines, going to chemists to get your methadone and using on top of that, you know. I'm using since I was 17 years of age; you know what I mean, I'm 33 now."

Gareth is planning on a traditional Christmas, Santa Claus and all with the family; "We're going to have dinner at home, and we'll do the Santy thing for the kids."

My son doesn't believe in Santy but my daughter does so she wants a bike and DVD's and stuff, so we'll do that. I'm paying maintenance to my girlfriend, I give her a €100 a week so she's saving up to get the kids' stuff for Christmas and all that. The kids are delighted with me coming home.

I remember before when I was in active addiction, I would have been doing things with them but I wouldn't have been enjoying, I would have been rushing them, you know if I was in a shop or going off.

But the first time they visited me in detox I was a week clean, I was down on the farm and we were doing things and I was actually enjoying it. I was thinking you know that this is what life is all about, the kids looking up to you, not dragged all across the country to different prisons to visit you."

Jerry* will be having a somewhat different Christmas to Gareth; "It's a bit of a strange one, because I've three kids, this is the first Christmas that I've been away from them. I'm thinking of that a lot, but on the opposite side of that this is my first Christmas drug-free in a long time. Christmas is like you know always a time that was an entitlement to use more drugs."

Although I would have been there, I wouldn't have been in the best of places, or I would have been causing more conflict and hassle because of using. This year, as time goes on I realise that when I was coming to High Park, it just dawned on me then that Christmas was out of the window. I only have to miss this Christmas and I have all these other Christmases to look forward to."

Jerry is looking forward to having Christmas at High Park however, he notes that his recovery process will allow him many more Christmases with his family, and gave us a glimpse of what is in store this Christmas at High Park; "I've heard many of the staff saying that Christmas here is a lovely time, the staff will kind of be in and out, the structure will be a bit more laid back than what it is on any given day."

It's going to be an experience." High Park will be getting a real Christmas tree, and Gareth notes that "you know Christmas is nearly over when all the bits start to fall off!"

Both Gareth and Jerry are hopeful for the future, and it seems bright for both of them thanks to their strength in their recovery efforts.

We always like to end on a good note, and Gareth has given us one of his signature Christmas jokes –

Q: WHY DID SANTA CASTRATE HIMSELF?

A: BECAUSE HE THREW THE WRONG SACK OVER HIS SHOULDER.

***We have not used people's real names in this article to protect their privacy**



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